DEPARTMENT OF ADMINISTRATION
BUREAU OF AUDITS
ONE CAPITOL HILL
PROVIDENCE, RI 02908-5889

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Administration BUREAU OF AUDITS One Capitol Hill Providence, R.I. 02908-5889 TEL #: (401) 222-2768

FAX #: (401) 222-2708

Perspectives Corporation REPORT ON CONTRACT COMPLIANCE Calendar Years 1994 Through 1999

EXECUTIVE SUMMARY

All the recommendations from the prior audit reports for Perspectives Corporation issued on April 8, 1998 by the Bureau of Audits have been implemented.

Based on our contract compliance engagement for the calendar years 1994 through 1999, we determined the following:

- 1. The amount of \$10,323 should be recovered from the Provider by DHS in accordance with its current funding policy.
- 2. The amount of \$209,503 should be recovered from the Provider by MHRH as excess funding or reprogrammed by the Provider upon written agreement with MHRH in accordance with the applicable contract provisions and policy.
- 3. MHRH should require the provider to maintain resident's personal needs funds in accordance with RI/DHS regulations.
- 4. MHRH should work with the provider to ensure that all related party transactions are fully reported.
- 5. MHRH should consider revisions to the cost report format to increase the information reported by a provider in the area of organizational structure and any subsequent changes. This could include identifying the type of business entity and profit or not-for-profit status.

TABLE OF CONTENTS

	<u>Page</u>
EXECUTIVE SUMMARY	i
TRANSMITTAL LETTERS	1
SCOPE AND PURPOSE	3
BACKGROUND	5
AUDITOR'S OPINION	6
FINANCIAL INFORMATION: Statement of Revenues and Expenses Exhibit A: Total Exhibit B: Adult Day Programs Exhibit C: Residential Waiver Program Notes to Financial Information	12 14
FINDINGS AND RECOMMENDATIONS: Status of Prior Audit Recommendations – Calendar Years 1992 and 1993 Current Year Findings and Recommendations Department of Human Services	
Amount Due to/(from) DHS – ICF/MR Department of Mental Health, Retardation and Hospitals	
Determination of Excess Funding	
Waiver Residential ProgramResident Personal Needs Funds	
Cost Report Preparation	



Department of Administration BUREAU OF AUDITS One Capitol Hill Providence, R.I. 02908-5889 TEL #: (401) 222-2768 FAX #: (401) 222-3973

September 3, 2002

Ms. Jane A. Hayward, Director Department of Human Services 600 New London Avenue Cranston, RI 02920

Dear Ms. Hayward:

We have examined the cost report submitted by Perspectives Corporation for the calendar year 1999. We audited the most current year and reviewed the cost reports for 1994 through 1998 to settle those years for the following Department of Human Services Funded Intermediate Care Facilities for the Mentally Retarded (ICF/MR):

Facility	License Number
Crestwood Drive Group Home	090
East Greenwich Group Home	182
Kings Factory Road Group Home	243

The findings and recommendations included herein have been discussed with management and we have considered their comments in the preparation of our report. Section 35-7-4 of the R.I. General Laws requires the director of the department audited to respond in writing within 60 days to all recommendations made by the Bureau of Audits. A copy of your reply should also be sent directly to Robert L. Carl, Jr., Ph.D., Director, Department of Administration; Honorable Gordon D. Fox, Chairman of the House Finance Committee; and to the Honorable Stephen D. Alves, Chairman of the Senate Finance Committee.

We wish to express our appreciation to the officials of the DHS and to the director and staff members of Perspectives Corporation, for their assistance and cooperation during the course of this engagement.

Sincerely,

Stephen M. Cooper, CFE, CGFM

Chief, Bureau of Audits

SMC:pp



Department of Administration BUREAU OF AUDITS One Capitol Hill Providence, R.I. 02908-5889

TEL #: (401) 222-2768 FAX #: (401) 222-3973

September 3, 2002

Ms. A. Kathryn Power, Director
Department of Mental Health, Retardation and Hospitals
600 New London Avenue
Cranston, RI 02920

Dear Ms. Power:

We have examined the cost report submitted for Perspectives Corporation, for the following Department of Mental Health, Retardation and Hospitals funded programs for the calendar year 1999:

Programs

Adult Day Programs
Conversion Waiver Program
Residential Waiver Program
Semi-Independent Residential Programs

The report contained herein represents the consolidation and field audit revision report approved by your department to provide for greater and more timely audit coverage to your providers. This audit is based on the most recent year audited. For settlement purposes this report includes calendar years 1994 through 1998.

The findings and recommendations included herein have been discussed with management and we have considered their comments in the preparation of our report. Section 35-7-4 of the R.I. General Laws requires the director of the department audited to respond in writing within 60 days to all recommendations made by the Bureau of Audits. A copy of your reply should also be sent directly to Robert L. Carl, Jr., Ph.D., Director, Department of Administration; Honorable Gordon D. Fox, Chairman of the House Finance Committee; and to the Honorable Stephen D. Alves, Chairman of the Senate Finance Committee.

We wish to express our appreciation to the officials of the Department of Mental Health, Retardation and Hospitals (MHRH) and to the director and staff members of Perspectives Corporation, for their assistance and cooperation during the course of this engagement.

Sincerely,

Stephen M. Cooper, CFE, CGFM

Chief, Bureau of Audits

SMC:pp

SCOPE AND PURPOSE

The purpose of this engagement was to audit the most current year cost report (1999) submitted by providers for services funded by the Department of Human Services and the Department of Mental Health, Retardation and Hospitals and make settlements for that year and also make settlements for all prior unaudited years. The review of prior unaudited years (1994-1998) was limited to reviewing selected accounts and making adjustments based on risk factors developed through the testing of the current year accounts, the prior field audit, prior year cost reports and sampling.

By funding source the purpose of this audit was to determine:

DHS Programs

- whether expenses were allowable in accordance with the principles of reimbursement.
- through the verification of census records, the total client days used in calculating audited per diem rates.
- any over or under funding on behalf of the Department of Human Services.
- if the clients' clothing funds, and client wages were properly maintained in accordance with the prescribed guidelines.

MHRH Programs

- whether expenses reported per the cost reports were in accordance with the terms and conditions of the contracts.
- whether revenues were reported accurately on the cost reports.
- any over or under funding on behalf of the Department of Mental Health, Retardation and Hospitals.

Our audit of DHS programs was made in accordance with the "Federal Medicare Principles of Reimbursement" issued by the Social Security Administration, Bureau of Health Insurance HIM-15 adopted by the State of Rhode Island with the exclusion of return of net equity and the approved providers' operating budgets.

Additionally, we have audited the Clients' Clothing Account Funds in accordance with the "Principles for Skilled Nursing and Intermediate Care Facilities," and the Clients' Personal Needs Funds in accordance with the "Uniform Accountability Procedures for Title XIX Patient Personal Needs Funds in Skilled Nursing and Intermediate Care Facilities."

Our audit of the financial records included verification of revenues and expenses through testing procedures, which were deemed necessary in the circumstances.

BACKGROUND

Title 40.1-21-4 of the General Laws of the State of Rhode Island authorizes the Director of the Department of Mental Health, Retardation and Hospitals to be responsible for "planning and developing a complete, comprehensive and integrated statewide program for the developmentally disabled." Said programs may include but are not limited to: various type workshop activities, programs to alleviate and ameliorate developmental problems, physical activities, health consultation, and transportation problems.

Perspectives Corporation, located at 1130 Ten Rod Road, North Kingstown, Rhode Island is a for-profit Subchapter S corporation providing residential and day program services to the developmentally disabled. The stockholders, who may exercise all such powers of the corporation and do all such lawful acts, manage the business of the corporation and things as the corporation might do.

On February 1, 1995 the East Greenwich Group Home and August 1, 1996 the Crestwood Drive and Kings Factory Road Group Homes were converted from Intermediate Care Facilities for the mentally retarded to Waiver Funded Residential Facilities for developmentally disabled citizens.



Department of Administration BUREAU OF AUDITS One Capitol Hill Providence, R.I. 02908-5889 TEL #: (401) 222-2768 FAX #: (401) 222-3973

September 3, 2002

Ms. Jane A. Hayward
Department of Human Services
600 New London Avenue
Cranston, RI 02920

Dear Ms. Hayward:

We have performed the procedures enumerated below, which were agreed to by the Department of Human Services (DHS) and Perspectives Corporation (provider), solely to assist the users in evaluating the provider's assertion about their compliance with DHS's <u>Principles of Reimbursement H.I.M.-15</u> to the service provider cost reports, Clients' Clothing Account Funds to DHS's <u>Principles for Skilled Nursing and Intermediate Care Facilities</u> and Clients' Personal Needs to DHS's <u>Procedures for Title XIX Patient Personal Needs Funds in Skilled Nursing and Intermediate Care Facilities</u> for the calendar year 1999. Further, to provide for greater and more timely coverage we have applied an agreed-upon strategic plan to calendar years 1994 through 1998 which allows us to review and adjust these prior year cost reports based on current year findings as well as other risk factors. For settlement purposes this report includes those cost reports based on that strategic plan. This agreed-upon procedure engagement was performed in accordance with standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of the specified users of this report. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

Based on the application of the procedures referred to above, we determined a final rate settlement for the ICF/MR's for the calendar years 1994 through 1999 with provisions of DHS's Principles of Reimbursement H.I.M.-15, and determined ending client fund balances for the calendar years 1994 through 1999 with provisions of DHS's Principles for Skilled Nursing and Intermediate Care Facilities, and Uniform Accountability Procedures for Title XIX Patient Personal Needs Funds in Skilled Nursing and Intermediate Care Facilities. These matters are discussed in the accompanying "Findings and Recommendations" section of this report.

We were not engaged to, and did not perform an examination, the objective of which would be the expression of an opinion of assertion by the provider's management. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

Ms. Jane A. Hayward Page 2 September 3, 2002

This report is intended solely for the use of DHS and the provider and should not be used by those who have not agreed to the procedures and taken responsibility for the sufficiency of the procedures for their purposes. However, this report is a matter of public record and its distribution is not limited.

Sincerely,

Stepher M. Cooper, CFE, CGFM

Chief, Bureau of Audits September 29, 2000

SMC:pp



Department of Administration BUREAU OF AUDITS One Capitol Hill Providence, R.I. 02908-5889 TEL #: (401) 222-2768

FAX #: (401) 222-3973

September 3, 2002

Ms. A. Kathryn Power, Director
Department of Mental Health, Retardation and Hospitals
600 New London Avenue
Cranston, RI 02920

Dear Ms. Power:

We have performed the procedures enumerated below, which were agreed to by the Department of Mental Health, Retardation and Hospitals (MHRH) and Perspectives Corporation, (provider), solely to assist the users in evaluating the provider's assertion about their compliance to the financial terms and conditions contained within the Day Program Service for Developmentally Disabled Citizens contracts during the calendar year 1999. Further, to provide for greater and more timely coverage we have applied an agreed-upon strategic plan to calendar years 1994 through 1998 which allowed us to review and adjust these prior year cost reports based on current year findings as well as other risk factors. For settlement purposes this report includes those cost reports for calendar years 1994 through 1998 based on that strategic plan. This agreed-upon procedures engagement was performed in accordance with standards established by the American Institute of Certified Public Accountants. The sufficiency of these procedures is solely the responsibility of the specified users of this report. Consequently, we make no representation regarding the sufficiency of the procedures described below either for the purpose for which this report has been requested or for any other purpose.

For purposes of this engagement we made a determination as to the reasonableness of allowable costs based on the "prudent person rule," accuracy of reported activities and if any overall surplus funding was provided by MHRH.

Based on the application of the procedures referred to above, we became aware of an overall surplus by MHRH for the calendars 1994 through 1999 totaling \$210,277 of which \$209,503 is due to MHRH. This, along with other matters pertaining to resident funds and information disclosure on the cost report by the Provider, are discussed in the accompanying "Findings and Recommendations" section of this report.

We were not engaged to, and did not perform an examination, the objective of which would be the expression of an opinion of assertion by the provider's management. Accordingly, we do not express such an opinion. Had we performed additional procedures, other matters might have come to our attention that would have been reported to you.

Ms. A. Kathryn Power, Director Page 2 September 3, 2002

This report is intended solely for the use of MHRH and the provider and should not be used by those who have not agreed to the procedures and taken responsibility for the sufficiency of the procedures for their purposes. However, this report is a matter of public record and its distribution is not limited.

Sincerely,

Stephen M. Cooper, CFE, CGFM

Chief, Bureau of Audits September 29, 2000

SMC:pp

PERSPECTIVES CORPORATION STATEMENT OF REVENUES AND EXPENSES - TOTAL CALENDAR YEAR 1999

Account Description	<u>Total</u>	Administrative	Adult Day <u>Program</u>	Conversion <u>Waiver</u>	Waiver Resident Program	Semi- Independent <u>Apartment</u>	EPSDT	School Services	CASP	<u>ORS</u>	Private HODOR	Client Generated	Agency
Revenues													
State of Rhode Island	0 10 101 050		1 000 740	3,019,539	9,129,177	266,492	_	_	_	-	-	-	-
Department of MHRH	\$ 13,421,950	-	1,006,742	3,019,539	9,129,177	200,492	-	_					
Dept of Human Services	18,830			_	_		-	-	-	-	-	18,830	-
Room & Board Day Program	1,788,401	-	-	-	_	_	1,788,401	-	-	-	-	-	-
, ,	2,862	-	_		_	-	-	-	-	-	-	-	2,862
Retro Adjustment Other State Depts.	57,200	-	_		-	-	-	-	-	57,200	-	-	-
Social Security Inc	562,468		_	-	562,468	-	-	-	-	-	-	-	-
Client Excess Earnings	112,560			_	112,560	-	-	-	-	-	-	-	-
School Departments	392,708	_	-	-	_	_	-	392,708	-	-	-	-	-
Interest Income	71,534	_	-	-	-	-	-	-	-		-	-	71,534
Other	71,554												
Miscellaneous	88,010	-	-	272	-	-	-	-	4,638	-	40,761	56,914	(14,575)
PRB Income	43,169		-	-	-	-	-	-	-	-	-	-	43,169
Loss on Sale of Invest	(2,661)	-	-	-	-	-	-	-	-	-	-	-	(2,631)
Rental	6,348	-	-	-	6,348								
											10 701	75 744	400 000
', Total Revenues	\$ 16,563,379	-	1,006,742	3,019,811	9,810,553	266,492	1,788,401	392,708	4,638	57,200	40,761	75,744	100,329
0													
Expenses												10.050	
Wages	\$ 10,355,848	778,523	654,542	1,950,350	5,346,518	199,138	1,098,224	216,204	1,280	42,744	25,369	42,956	-
Retirement	586,687	66,166	35,909	108,886	301,246	11,293	49,332	10,476	60	2,122	1,197	-	-
Health Insurance	868,818	68,058	56,477	166,345	447,604	16,618	89,794	18,055	107	3,650	2,110	-	22.045
Other Fringes	183,304	145,396	1,425	5,443	1,491	354	4,024	732	5	229	260	•	23,945
Physical Therapist	1,480	-	-	1,270	210	-	-	- 4 700	-	-	-	-	_
Occup. Therapist	6,468	-	-	173	4,575	20	- 205	1,700	-	-	-	-	-
Speech Therapist	20,368	-	101	895	19,070	(23)	325	- 50	-	- 71	-	-	
Psychologist	142,392	-	6,127	30,267	95,748	960	9,167	52	-	- / 1		-	_
Other	25,116	22,351	-	1,765	-	- 504	1,000 340	74	-	32	- 8	-	1,847
Office Supplies	88,212	68,803	1,067	4,603	10,874	564		684	- 4	122	92	3,378	-,041
Telephone	67,459	28,800	3,093	6,916	21,140	686 308	2,544 4	3	- 4	58	- 52	- 5,575	999
Travel-Motor Vehicle	62,200	1,764	3,323	9,664	46,077	12,205	94,648	28,782	191	5,876	3,172	_	-
Travel-Employees	597,351	12,300	77,964	182,178 307	180,035 11,962	12,205	34,040	20,702	- 131	-	-	-	-
Conventions, Meetings	12,269	- 4 404	633	1,159	3,471	- 77	629	109	1	28	26	-	-
AdvHelp Wanted	7,324	1,191	633	1,109	17,895	, ,	023	- 100		-	-	_	825
Organizational Dues	49,514	30,794	-	-	17,093	-	-	_	-		-		750
Accounting & Auditing	42,141	41,391	-	-	-	-	-	_			-		-
Legal Services	21,178 1,047,420	21,178 58,004	69,436	204,684	550,757	20,989	113,555	22,697	136	4,542	2,620	-	
Payroll Taxes	118,772	59,674	4,085	12,093	32,581	1,211	6,507	1,365	8	264	153	831	-
Insurance Miscellaneous	45,688	6,512	408	527	7,157	- ',	-	345		-	-	4,379	26,360
HCPA-Provider Tax	574,126	0,512	- 400	-	574,126		-		-	-	-	-	-
Real Estate - Personal	374,120				,								
Prop. Taxes	16,570	2,399	217	461	9,089	14	-	-	-	5	-	4,385	-
Rent/Lease of Building	205,336	106,626	10,581	27,730	58,017	551	1,136	189	2	463	41	-	•
Lease of Equipment	6,869	6,869	-	-	-	-	-	-	-	-	-	-	-
Lease of Vehicles	100,636	5,552	1,231	3,832	87,376	-	-	-	-	93	-	-	2,552
Amortization of Leasehold		-											
Impr.	4,095	1,707	100	-	2,255	33	-	-	-	-	-	-	-

PERSPECTIVES CORPORATION STATEMENT OF REVENUES AND EXPENSES - TOTAL CALENDAR YEAR 1999

				Adult Day	Conversion	Waiver Resident	Semi- Independent	FRENT	School	CASP	ORS	Private HODOR	Client Generated	Agency
	Account Description	Total	<u>Administrative</u>	Program	Waiver	Program	Apartment	EPSDT 54	Services		15	HODOK	Generated	rigorioy
	Bldg Impr. Depr.	3,191	-	286	473	2,294	-	54	69	-	13	3		_
	Equipment Depr.	22,585	19,891	216	-	2,475	-	-	-	-	-	3	-	_
	Motor Vehicle Depr.	472	-	472	-	•	•	-	-	- 1	- 22	- 16	1,501	_
	Gas	31,631	2,719	1,003	1,746	24,038	61	449	75	1	22	16	,	-
	Electricity	46,794	4,693	976	2,391	35,943	13	190	32	-	50	1	2,499	-
	Water & Sewerage	9,247		41	128	8,515	-	-	-	-	3	-	560	•
	Plant Supplies	29,899	2,113	2,401	3,850	18,977	11	669	106	1	25	23	1,723	-
	Purchased Services													
	& Repairs	84,911	21,672	2,826	7,171	48,198	59	1,824	308	3	185	61	2,604	-
	Food & Kitchen Suppl.	237,587		-	116	228,786	93	70	981	-	-	-	7,260	281
	Linen. Laundry Suppl.													
	& Service	5,770		-	-	5,770		-	-	-	-	-	-	-
	Housekeeping Supplies	57,345		-	742	54,035	521	-	-	-	-	-	1,806	241
	Pharmacy Supplies	33,304		323	2,746	29,770	244	51	6	-	4	-	160	-
	Receational Supplies	64,534	105	4,862	12,065	27,920	668	9,762	6,584	16	332	282	1,353	585
	Receational Supplies	04,034		.,002										
	Subtotal	\$ 15,884,911	1,585,251	940,125	2,750,976	8,315,995	266,668	1,484,298	309,628	1,815	60,935	35,440	75,395	58,385
	Allocation of Administrative Expenses		(1,585,251)	108,431	322,757	884,889	32,973	181,825	35,827	159	7,134	4,122	7,134	
1	Total Expenses	\$ 15,884,911		1,048,556	3,073,733	9,200,884	299,641	1,666,123	345,455	1,974	68,069	39,562	82,529	58,385
	Net Excess (Deficiency) of Revenue Over Expenses	s \$ <u>678,468</u>	_	(41,814)	(53,922)	609,669	(33,149)	122,278	47,253	2,664	(10,869)	1,199	(6,785)	41,944

See accompanying notes to financial information.

SP-40a

PERSPECTIVES CORPORATION STATEMENT OF REVENUES AND EXPENSES - ADULT DAY PROGRAMS CALENDAR YEAR 1999

Account Description	_	Total Adult Day Programs	Behavior Skills	EDS 6	EDS 7	EDS 8	EDS 9
Revenues State of Rhode Island	•	4 000 740	244.405	40.046	120 407	244 227	278,907
Department of MHRH	\$_	1,006,742	344,195	18,816	120,497	244,327	270,907
Total Revenues	=	1,006,742	344,195	18,816	120,497	244,327	278,907
Expenses							
Wages	\$	654,542	204,869	14,602	94,985	158,066	182,020
Retirement		35,909	11,740	798	5,584	8,678	9,109
Health Insurance		56,477	17,398	1,244	8,476	13,450	15,909
Other Fringes		1,425	449	27	209	283	457
Speech Therapist		101	101	-	-	-	-
Psychologist		6,127	4,869	19	110	135	994
Office Supplies		1,067	501	3	222	101	240
Telephone		3,093	1,435	50	543	544	521
Travel-Motor Vehicle		3,323	2,242	1	223	162	695
Travel-Employees		77,964	22,085	2,262	9,897	24,434	19,286
AdvHelp Wanted		633	138	10	274	115	96
Payroll Taxes		69,436	21,288	1,550	10,464	16,761	19,373
Insurance		4,085	1,267	90	613	976	1,139
Miscellaneous		408	102	-	301	-	5
Real Estate - Personal							
Prop. Taxes		217	127		52		38
Rent/Lease of Building		10,581	6,648	17	1,249	169	2,498
Lease of Vehicles		1,231	580	-	267	-	384
Amortization of							
Leasehold Improv.		100	42	-	20	-	38
Building Impr. Depr.		286	61	-	30	53	142
Equipment Depreciation		216	89	1	37	23	66
Motor Vehicle Depr.		472	199	-	94	-	179
Gas		1,003	759	3	34	23	184
Electricity		976	572	3	131	28	242
Water & Sewerage		41	19	-	9	-	13

PERSPECTIVES CORPORATION STATEMENT OF REVENUES AND EXPENSES - ADULT DAY PROGRAMS CALENDAR YEAR 1999

Account Description	Total Adult Day Programs	Behavior Skills	EDS 6	EDS 7	EDS 8	EDS 9
Expenses - Cont'd						
Plant Supplies	2,401	1,864	10	35	115	377
Purchased Services &						
Repairs	2,826	1,405	13	443	160	805
Pharmacy Supplies	323	107	-	149	19	48
Recreational Supplies	4,862	1,528	66	1,440	683	1,145
Subtotal	940,125	302,484	20,769	135,891	224,978	256,003
Allocation of Administrative						
Expenses	108,431	33,924	2,378	15,694	26,157	30,278
Total Expenses	\$ 1,048,556	336,408	23,147	151,585	251,135	286,281

See accompanying notes to financial information.

SP-40b

PERSPECTIVES CORPORATION STATEMENT OF REVENUES AND EXPENSES - RESIDENTIAL WAIVER PROGRAM CALENDAR YEAR 1999

	Account Description	TOTAL Combined	WAIVER PROC	GRAM Client	RODMAN State	STREET Client	FIORE	DRIVE Client	KENYON A	AVENUE Client	HERITAGE State	VILLAGE Client
	Account Description	Combined	Otato	Olloni								
	Revenues State of Rhode Island											
[Department of MHRH	\$ 9,129,177	9,129,177	-	656,640	-	667,657	-	683,053	-	791,914	-
	Social Security Income	562,468	-	562,468	-	41,089	-	43,402	-	46,387	-	39,695
(Clients Excess Earnings	112,560	112,560	-	36,153	-	3,922	-	3,377	-	13,637	-
F	Rental	6,348		6,348	-	6,348						
	Total Revenues	\$ 9,810,553	9,241,737	568,816	692,793	47,437	671,579	43,402	686,430	46,387	805,551	39,695
	Expenses											
١	Nages	\$ 5,346,518	5,346,518	-	210,806	-	229,401	-	255,750	-	206,191	-
	Retirement	301,246	301,246	-	13,279	-	18,147	-	15,333	-	12,410	-
ŀ	Health Insurance	447,604	447,604	-	17,455	-	19,326	-	21,255	-	17,103	-
1 (Other Fringes	1,491	1,491	-	84	-	84	-	84	-	84	-
	Physical Therapist	210	210	-	-	-	-	-	-	-	-	-
١ (Occupational Therapist	4,575	4,575	-	100	-	-	-	-	-	-	-
	Speech Therapist	19,070	19,070	-	-	-	-	-	3,099	-	-	-
	Psychologist	95,748	95,748	-	3,392	-	86	-	2,568	-	645	-
	Office Supplies	10,874	10,874	-	393	-	528	-	736	-	430	-
	Telephone	21,140	21,140	-	680	-	856	-	823	-	1,209	-
-	Travel-Motor Vehicle	46,077	46,077	-	1,891	-	2,438	-	3,209	-	6,662	-
-	Travel-Employees	180,035	180,035	-	8,630	-	3,489	-	5,491	-	6,050	-
	Conventions, Meetings	11,962	11,962	-	314	-	195	-	477	-	919	-
	AdvHelp Wanted	3,471	3,471	-	233	-	257	-	257	-	190	-
	Organizational Dues	17,895	17,895	-	1,407	-	1,432	-	1,407	-	1,615	-
	Payroll Taxes	550,757	550,757	-	22,358	-	23,935	~	27,060	-	20,827	-
	nsurance	32,581	32,581	-	1,271	-	1,417	-	1,552	-	1,248	-
	Miscellaneous	7,157	7,157	-	-	-	262	-	446	-	115	-
	HCPA-Provider Tax	574,126	574,126	-	44,073	-	43,989	-	43,018	-	49,169	-
	Real Estate -	,	•									
	Personal Prop. Taxes	9,089	9,089	-	307	-	306	-	286	-	320	-
F	Rent/Lease of Building	58,017		58,017	-	-	-	-	-	-	-	19,442
	ease of Vehicles	87,376	87,376		6,332	-	6,111	-	6,324	-	5,835	-
	Amortization of Leashold	,										
•	Improv.	2,255	-	2,255	-	254	~	166	-	82	-	-
Ŧ	Building Impr Depr.	2,294	-	2,294	-	-	-	-	-	-	-	-
	Equipment Depreciation	2,475	-	2,475	-	278	-	305	-	45	-	-
	Gas	24,038	-	24,038	-	1,625	-	528	-	2,722	-	-
9	Electricity	35,943	-	35,943	-	2,548	-	2,741	-	3,127	-	-

PERSPECTIVES CORPORATION STATEMENT OF REVENUES AND EXPENSES - RESIDENTIAL WAIVER PROGRAM CALENDAR YEAR 1999

		TOTAL	WAIVER PRO	GRAM	RODMAN	STREET	FIORE	DRIVE	KENYON	AVENUE	HERITAGI	VILLAGE
	Account Description	Combined	State	Client	State	Client	State	Client	State	Client	State	Client
	Water & Sewerage	8,515		8,515	-	1,611	-	619	-	1,253	-	-
	Plant Supplies	18,977	_	18,977	-	997	-	941	-	2,092	-	434
	Purchased Services	.0,0		-,								
	& Repairs	48,198	_	48,198	-	2,504	-	1,725	-	3,110	-	868
	Food & Kitchen Supplies	228,786	-	228,786	-	14,379	-	15,642	-	14,376	-	16,751
	Linen, Laundry Supplies	220,100		,								
	& Service	5,770	_	5,770	-	196	-	535	-	302	-	2,300
	Housekeeping Supplies	54,035	_	54,035	_	1,351	-	2,690	-	3,407	-	2,432
	Pharmacy Supplies	29,770	-	29,770	-	1,112	-	724	-	2,440	-	1,082
	Recreational Supplies	27,920	-	27,920	-	1,515		5,012		2,611		2,503
	Subtotal	\$	7,769,002	546,993	333,005	28,370	352,259	31,628	389,175	35,567	331,022	45,812
۲.	Allocation of Administrative Expenses	884,889	884,889		34,876	-	38,046		42,326		34,083	
ပုံ၊	Total Expenses	9,200,884	8,653,891	546,993	367,881	28,370	390,305	31,628	431,501	35,567	365,105	45,812
	Excess (Deficiency) of Revenues Over Expenses	\$ 609,669	587,846	21,823	324,912	19,067	281,274	11,774	254,929	10,820	440,446	(6,117)

See accompanying notes to financial information.

SP-40c

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		MOCKIN	NGBIRD	EAST GREENWICH		COSMO	COSMO STREET		WN RD	LANGW	DRTHY	WEST	
Account Description		State	Client	State	Client	State	Client	State	Client	State	Client	State	Client
Account Description		Otato	0.10111										
Revenues													
State of Rhode Island													
Department of MHRH	\$	336,752	-	363,407	-	544,657	_	272,421	_	629,729	-	709,698	-
	Φ	330,732	21,771	303,407	24,885	011,001	31,005		16,306	-	39,085	-	42,425
Social Security Income		-		626	24,000	2,140	-	978	-	4,224	-	7,469	_
Client Excess Earnings				020		2,140							
T-A-I D	¢	226 752	21,771	364,033	24,885	546,797	31,005	273,399	16,306	633,953	39,085	717,167	42,425
Total Revenues	\$	336,752	21,771	304,033	24,000	340,737	31,000	270,000					
_													
Expenses				550,000		255 574		177,922		176,988		251,579	_
Wages	\$	304,580	-	558,990	-	355,571	-		-	9,132	-	17,139	
Retirement		13,436	-	33,334	-	19,082	~	8,084	-		-		-
Health Insurance		25,490	-	47,015	-	29,809	-	14,941	-	14,521	-	21,273	-
Other Fringes		35	-	84	-	84	-	-	-	84	-	84	-
Physical Therapist		-	-	-	-	210	-	-	-	-	-	-	-
Occupational Therapist		-	-	-	-	725	-	925	-	-	-	950	-
Speech Therapist		429	_	2.805	-	2,297	-	2,333	-	-	-	-	-
Psychologist		3,026	_	25,626	-	1,661	-	6,689	_	3,110	-	7,885	-
Office Supplies		393	_	1,022	_	1,183	-	57	-	740	-	1,407	-
		818	_	1,793	_	1,109	_	1,097	_	956	-	1,297	-
Telephone Travel-Motor Vehicle			-	4,887	_	1,100	_	.,	_	2,293	-	4,405	_
Travel-Motor Vehicle		1,333		•	-	15,989		17,130		6,360	_	9,110	-
Travel-Employees		2,294	-	10,369	-		_	983	_	0,000		769	_
Coventions, Meetings		249	-	1,359	-	581	-	983	-	257	-	257	
AdvHelp Wanted		251	-	254	-	257	-	-	-		-		-
Organizational Dues		731	-	704	-	1,055	-	528	-	704	-	1,407	-
Payroll Taxes		31,852	-	57,702	-	36,238	-	18,539	-	18,524	-	25,783	-
Insurance		1,863	-	3,432	-	2,171	-	1,086	- `	1,061	-	1,540	-
Miscellaneous		5	-	788	-	175	-	97	-	-	-	2,914	-
HCPA-Provider Tax		22,374	-	16,067		34,519	-	17,589	-	40,132	-	44,692	-
Real Estate -		,		,									
Personal Prop. Taxes		345		37	_	-	-	-	-	346	-	412	-
·		343		-	_		_	_	10,975	_	-	-	-
Rent/Lease of Building		6,341	-	4,647	_	_	_	_	-	6,530	-	6,458	-
Lease of Vehicles		0,341	-	4,047	-	-	_			0,000		-,	
Amortization of					607					_	_	_	50
Leasehold Improv.		-	77	-	687	-	-	-	-	-	-	-	30
Building Impr Depr.		-	-	-	209	-	-	-	-	-	- 070	-	150
Equipment Depreciation		-	-	-	51	-	-	-	-	-	273	-	
Gas		-	920	-	2,046	-	1,874	-	1,738	-	833	-	1,588
Electricity		-	1,472	-	2,383	-	3,014	-	902	-	2,200	-	2,796
Water & Sewerage		-	268		670	-	1,070	-	95	-	932	-	881
Plant Supplies		-	794	-	4,244	-	400	-	82	-	687	-	1,039
Purchased Services		_	,		-,								
& Repairs		_	3,707	_	2,770	_	2,928	-	467	-	2,768	-	4,530
		-	6,407	_	16,985	-	15,194	-	4,935	-	11,667	-	16,887
Food & Kitchen Supplies		-	0,407	-	10,500	-	10,104		1,000				
Linen, Laundry Supplies					277		31	_	_	_	77	-	841
& Service		-		-	211	-	31	-	_	_			

									/				
	MOCKINGBIRD EAST GREENWICH		EENWICH	COSMO				WORTHY WESTERL		ERLY			
Account Description		State	Client	State	Client	State	Client	State	Client	State	Client	State	Client
Expenses - Cont'd Housekeeping Supplies		_	1,853	_	4,599	_	4,604	-	343	-	1,635	-	1,836
Pharmacy Supplies			1,192	-	1,230	-	3,976	-	702	-	750	-	2,312
Recreational Supplies		-	1,084		960		961		84	-	1,310		2,461
Subtotal	\$	415,845	17,774	770,915	37,111	502,716	34,052	268,000	20,323	281,738	23,132	399,361	35,371
Allocation of Administrative Expenses	_	50,411		92,579	<u> </u>	58,813		29,486		29,327		41,692	
Total Expenses	\$_	466,256	17,774	863,494	37,111	561,529	34,052	297,486	20,323	311,065	23,132	441,053	35,371
Excess (Deficiency) of Revenues Over Expenses	\$_	(129,504)	3,997	(499,461)	(12,226)	(14,732)	(3,047)	(24,087)	(4,017)	322,888	15,953	276,114	7,054

		LON	SDALE	CIRCLE		GRAY		ARCA		TOWER	
	Account Description	State	Client	State	Client	State	Client	State	Client	State	Client
	Revenues										
	State of Rhode Island										
	Department of MHRH	\$ 359,811	-	626,235	_	268,667	-	433,373	-	448,686	-
	Social Security Income	-	20,318	-	39,545	-	17,772	-	30,182	-	28,525
1	Clients Excess Earnings	4,720		8,407				3,686			
	Total Revenues	\$ 364,531	20,318	634,642	39,545	268,667	17,772	437,059	30,182	448,686	28,525
	Expenses										
,	Wages	\$ 315,474	-	312,113	-	149,296	-	396,909	-	181,472	-
	Retirement	14,965	-	16,512	-	9,667	-	20,849	-	12,911	-
	Health Insurance	26,526	-	26,089	-	12,520	-	33,603	-	15,216	-
	Other Fringes	84	-	91	-	84	-	84	-	84	-
	Occupational Therapist	-	-	800	-	-	-	300	-	-	-
	Speech Therapist	429	-	802	-	2,792	-	-	-	-	-
	Psychologist	6,503	-	435	-	-	-	2,376	-	8,501	-
φ	Office Supplies	269	-	340	-	65	-	762	-	753	-
	Telephone	1,958	-	783	-	914	-	1,659	-	890	-
	Travel-Motor Vehicle	2,596	-	2,431	-	-	-	4,816	-	35	-
	Travel-Employees	12,569	-	4,477	-	4,396	-	6,807	-	14,942	-
	Conventions, Meetings	670	-	976	-	-	-	846	-	304	-
	AdvHelp Wanted	-	-	253	-	-	-	229	-	233	-
	Organizational Dues	704	-	1,228	-	573	-	880	-	880	-
	Payroll Taxes	31,463	-	32,434	-	14,912	-	40,702		18,844	-
	Insurance	1,936	-	1,895	-	909	-	2,417	-	1,110	-
1	Miscellaneous	301	-	31	-	40	-	-	-	13	-
	HCPA-Provider Tax	23,558	-	39,987	-	17,330	-	27,617	-	28,081	-
	Real Estate -										
	Personal Prop. Taxes	439	-	275	-	-	-	257	-	-	-
	Rent/Lease of Building	-	16,800	-	-	-	10,800	-	-	-	-
	Lease of Vehicles Amortization of	6,000	-	6,580	-	-	-	9,866	-	-	-
	Leasehold Improv.	_	372	-	-	-	-	-	68	-	449
	Equipment Depreciation	-	43	_	119	-	-	-	65	-	-
	Gas	-	_	-	1,514	-	900	_	2,474	-	1,045
	Electricity	-	1,448	_	2,473	-	806	-	2,703	-	1,278
	Water & Sewerage	_	-	-	571	_	-	-	-	-	545
	Plant Supplies	-	225	-	2,059	-	2	-	884	-	629
	Purchased Services				_,						
,	& Repairs	-	271	-	2,140	-	275	-	3,961	-	1,909

	LONS	DALE	CIRCLE	DRIVE	GRAY	SON	ARC	ADIA	TOWER	STREET
Account Description	State	Client	State	Client	State	Client	State	Client	State	Client
Expenses - Cont'd Food & Kitchen Supplies		10,353	-	15,414	-	5,555	-	12,236	-	12,097
Linen, Laundry Supplies & Service	-	119	-	62	-	- 762	-	293 5,353	-	136 3,254
Housekeeping Supplies Pharmacy Supplies	-	1,457 501	-	3,890 3,054	-	247	-	2,142	-	199
Recretional Supplies	-	988		1,318		759		2,061		1,646
Subtotal	\$ 446,444	32,577	448,532	32,614	213,498	20,106	550,979	32,240	284,269	23,187
Allocation of Administrative Expenses	52,155		51,679	-	24,730		65,629		29,961	-
Total Expenses	\$ 498,599	32,577	500,211	32,614	238,228	20,106	616,608	32,240	314,230	23,187
Excess (Deficiency) of Revenues Over Expenses	\$ <u>(134,068)</u>	(12,259)	134,431	6,931	30,439	(2,334)	(179,549)	(2,058)	134,456	5,338

See accompanying notes to financial information.

		KINGS FAC	CTORY RD	WHIPPLE	DRIVE	CRESTWO	OD DRIVE	RICHM	IOND
Account Description	1	State	Client	State	Client	State	Client	State	Client
Revenues	•	Olato							
State of Rhode Island									
Department of MHRH	\$	450,545	_	260,295	_	363,513	_	262,124	-
Social Security Income	Ψ	450,545	29,693	200,200	9,823	-	23,610	_	16,950
Clients Excess Earnings		4,112	-	11,613	-	1,018	-	6,478	-
Clients Excess Lamings	' .	4,112		11,010					
Total Revenues	\$	454,657	29,693	271,908	9,823	364,531	23,610	268,602	16,950
Expenses									
Wages		406,513	-	199,878	_	349,953	-	307,132	-
Retirement		24,488	-	9,653	-	19,740	-	13,085	-
Health Insurance		34,054	_	16,628	-	29,256	-	25,524	-
Other Fringes		84	_	63	-	91	_	119	-
Occupational Therapist		_	-	-	-	775	-	-	-
Speech Therapist		2,809	-	-	-	-	_	1,275	-
Psychologist		960	-	10,515	-	3,385	-	8,385	-
Office Supplies		659	_	140	-	312	-	685	-
Telephone		1,038	-	985	-	1,148	-	1,127	-
Travel-Motor Vehicle		1,674	_	-	-	3,672	-	3,735	-
Travel-Employees		15,154	-	10,909	-	12,247	-	13,622	-
Conventions, Meetings		1,077	_	261	-	966	-	1,016	-
AdvHelp Wanted		254	-		-	252	-	37	-
Organizational Dues		880	-	528	-	704	-	528	-
Payroli Taxes		41,196	-	21,117	-	35,566	_	31,705	-
Insurance		2,476	_	1,218	_	2,123	-	1,856	-
Miscellaneous		598	_	1,2.0	_	1,205	~	167	-
HCPA-Provider Tax		29,708	_	18,503	-	15,971	-	17,749	-
Real Estate -		23,700		10,000		,			
Personal Prop. Taxes		245	-	1,029	-	326	_	4,159	-
Lease of Vehicles		3,265	_	-	_	6,548	_	6,539	_
Amortization of		3,203				0,0.0		2,222	
Leasehold Improv.		_	_	_	_	-	50	_	-
Building Impr Depr.		_	_	_	120	_	-	-	1,965
Equipment Depreciation		_	767	_	120	_	274	-	105
Gas		_	1,068	_	599	-	1,437	-	1,127
		-	2,535	_	1,881	_	.,	_	1,636
Electricity		-	1,291	_	73	_	581	_	1,523
Plant Supplies		-	1,201	_	10		001		.,0_0

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		KINGS FA	CTORY RD	WHIPPLE	DRIVE	CRESTWO	OD DRIVE	RICHIV	IOND
Account Description		State	Client	State	Client	State	Client	State	Client
Expenses - Cont'd	_								
Purchased Services									
& Repairs		-	4,127	-	2,152	-	4,341	-	3,645
Food & Kitchen Supplies		-	12,187	-	5,560	-	14,039	-	8,122
Linen, Laundry Supplies									
& Service		-	406	-	-	-	195	-	-
Housekeeping Supplies		-	5,282	-	1,217	-	5,497	-	2,573
Pharmacy Supplies		-	3,195	-	838	-	2,396	-	1,678
Recreational Supplies	_		809		502_		668		668
Subtotal	\$	567,132	31,667	291,427	12,942	484,240	29,478	438,445	23,042
Allocation of Administrative									
Expenses	_	67,215		33,132		57,862		50,887	
Total Expenses	\$_	634,347	31,667	324,559	12,942	542,102	29,478	489,332	23,042
Excess (Deficiency) of Revenues Over Expenses	\$_	(179,690)	(1,974)	(52,651)	(3,119)	(177,571)	(5,868)	(220,730)	(6,092)

See accompanying notes to financial information.

NOTES TO FINANCIAL INFORMATION

Note 1 – Significant Accounting Policies

Basis of Accounting

The financial statements are presented on the accrual basis of accounting, which is in compliance with MHRH's "Prudent Person Rule" and DHS's <u>Principles of Reimbursement HIM-15</u>. Under this basis, revenues are recognized in the accounting period in which they are earned and expenses are recognized in the period incurred.

Depreciation

Depreciation costs are based on the straight-line method, which is in compliance with MHRH's "Prudent Person Rule" and DHS's <u>Principles of Reimbursement HIM-15</u>.

Note 2 – Excess (Deficiency) of Revenue Over Expenses

The State's method of reimbursement for ICF/MR facilities is based on solely on audited expenses and, therefore, does not take into account the excess or deficiency of revenue over expenses.

STATUS OF PRIOR AUDIT RECOMMENDATIONS – CALENDAR YEARS 1988-1993

Recommendations for MHRH – Perspectives Corporation

1. The amount of \$108,590 should be recovered from Perspectives Corporation by the Department of MHRH as excess funding, or reprogrammed by the provider upon written agreement with MHRH in accordance with the applicable contract provisions.

Implemented.

2. The amount of \$1,152.41 should be recovered from Perspectives Corporation, by the Department of MHRH, in accordance with current funding policies.

Implemented.

3. The amount of \$3,101 should be recovered from Perspectives Corporation by the Department of MHRH as excess funding in 1987 or reprogrammed by the provider upon written agreement with MHRH in accordance with the applicable contract provisions.

Implemented.

Recommendations for MHRH -Alternatives, Inc.

1. The amount of \$16,066 should be recovered from Alternatives, Inc., by the Department of MHRH as excess funding in our prior audit or reprogrammed by the provider upon written agreement with MHRH in accordance with the applicable contract provisions.

Implemented.

Recommendations for DHS - Alternatives, Inc.

- 2. The Department of Human Services, in accordance with its current funding policy, should recover the amount of \$3,899.70 in excess day rates from Alternatives, Inc. Implemented.
- 3. DHS should ensure the provider meets the requirement to keep the amounts of petty cash for personal needs below \$50 for each resident.

Implemented.

CURRENT YEAR FINDINGS AND RECOMMENDATIONS

DHS Programs

Amounts Due To (From) DHS

As a result of our examination, it has been determined that a net amount of \$10,323 is due to the Department of Human Services from Perspectives Corporation and is summarized as follows:

Prior Years

ICF/MR Per Diem Rates	10,323
Day Rates	-
Payment Adjustments	
Total Due To/(From) DHS	\$ 10,323

The above settlement by facility is as follows:

<u>Facility</u>	<u>Total</u>	1996	<u>1995</u>	<u>1994</u>
East Greenwich Kings Factory Crestwood	\$ 2,409 4,678 3,236	903 642	247 1,705 1,029	2,162 2,070 1,565
Total Due to DHS	\$ 10,323	1,545	2,981	5,797

Recommendation

1. The Department of Human Services in accordance with its current funding policy should recover the amount of \$ 10,323 from Perspectives Corporation.

MHRH Programs

Determination of Excess Funding

The Department of MHRH and the Providers have agreed "that in each particular contract year, any surplus incurred by the Provider in operating one or more of its programs, wherein funding for same is received by the Department of Mental Health, Retardation and Hospitals and/or the Department of Human Services, shall be used/can be used by the Provider to offset any losses incurred by the Provider in one or more of the programs above-referred." Any net surpluses by each particular contract year incurred by the Provider "shall be returned to the State of Rhode Island in such manner as it may prescribe, or shall be used by the Provider in a manner which has been approved by written agreement with the State of Rhode Island." This policy is applicable to all MHRH contracts beginning with calendar year 1986.

As a result of our audit it has been determined that there are excess funds in the amount of \$210,277 based upon the aforementioned policy and the individual contract requirements. The following is a summary of the individual program excesses or deficits and combined results for each year.

	Net Excess	Conversion Waiver Program	Waiver Program	Day Program	Semi- Independent
1999	\$ 25,994	(54,194)	155,151	(41,814)	(33,149)
1996	101,067	67,746	24,242	18,428	(9,349)
1995	51,960	15,205	-	37,356	(601)
1994	31,256	2,458	-	11,067	17,731
Total	\$ 210,277	31,215	179,393	25,037	(25,368)

	 Net Deficit	Conversion Waiver Program	Waiver Program	Day Program	Semi- Independent
1998	\$ (75,426)	(67,719)	79,615	(75,720)	(11,602)
1997	(30,465)	(7,202)	-	1,621	(24,884)
Total	\$ (105,891)	(75,921)	79,615	(74,099)	(36,486)

An effort through your department's Division of Developmental Disabilities to finalize all prior years' outstanding excess funding against program endeavors by Perspectives Corporation (Provider) has produced a net excess balance still due to the Provider of \$774. This amount should be applied against the current net excess of \$210,277, leaving a net settlement due to MHRH of \$209,503.

Recommendation

2. The amount of \$209,503 should be recovered from Perspectives Corporation by the Department of MHRH as excess funding or be reprogrammed by the Provider upon written agreement with MHRH in accordance with the applicable contract provisions and policy.

Details pertaining to this settlement are as follows:

Waiver Residential Program

The Waiver contract for the fiscal year ended June 30, 1999 stated that "if the audit or calendar year cost report reveals total payment to the Provider under the Agreement is greater than one hundred five (105%) percent of total allowable cost for the above specified programs covered by this agreement the parties agree that the excess funding over one hundred five (105%) percent will be returned to the Department by the Provider." This provision was also in the contracts for 1994 through 1998.

Period	Total MHRH Payments to Provider	105% of Allowable Expenses	Amount Due To MHRH
1999	\$ 9,241,737	9,086,586	155,151
Prior Years			
1998	8,481,013	8,401,398	79,615
1997	7,325,180	7,425,351	-
1996	5,792,284	5,768,042	24,242
1995	4,488,485	4,524,069	-
1994	3,163,097	3,215,247	-

Resident Personal Needs Funds

Our audit disclosed that Perspectives Corporation (Provider) did not maintain ledgers for client personal needs funds in accordance with the Department of Human Service's *Procedures for Title XIX Patient Personal Needs Funds in Skilled Nursing and Intermediate Care Facilities* as adopted by MHRH. Addendum III, Section K of the Waiver Residential Program contract states that "unless the parties otherwise agree to a different provision regarding a resident's earned income, resident income shall be treated in accordance with RI/DHS regulations relating thereto." These regulations require the provider to maintain an accurate accounting of all receipts and disbursement. In July 2001, the Provider instituted new procedures to ensure compliance over accountability of personal needs funds to the above-mentioned regulations.

Our audit further revealed a discrepancy in the amount of personal needs funds paid monthly to each resident. Officials within MHRH have stated that residents should have received \$50 per month for personal needs. The Provider's records indicate they were paying \$40 per month per resident during the period under review, and further state they have no written knowledge requiring other than to disburse \$40 per month per resident.

Recommendations

- 3. MHRH should ensure that Perspectives Corporation maintains residents' personal needs funds in accordance with RI/DHS regulations as required by the contract.
- 4. MHRH needs to resolve the discrepancy with Perspectives Corporation between what the department states is the correct amount each resident earns and the amount that the Provider is actually disbursing.

Cost Report Preparation

The 1999 Service Provider Cost Report defined and required related party transaction disclosure. During our review we found that the provider did not report transactions in 1999 that were made with related parties as defined in the cost report. We also noted a change in the provider's organizational structure during the period of our review. While this information is not required to be included in the cost report, it could be useful to MHRH in it's monitoring and decision making processes.

Recommendations

- 5. MHRH should work with the provider to ensure that all related party transactions are fully reported.
- 6. MHRH should consider revisions to the cost report format to increase the information reported in the area of organizational structure and changes. This could include identifying the type of business entity and profit not-for profit status.